2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 08:00 AM
Secretary of State

DOCUMENT # N95000004391

1. Entity Name
GADSDEN UNITED, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 521 QUINCY, FL 32353-0521	POST OFFICE BOX 521 QUINCY, FL 32353-0521

02132006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3377231
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LASLEY, MARION E
5 DANTE COURT
QUINCY, FL 32351

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	DORIAN, MIKE
STREET ADDRESS	145 ALLIGATOR RUN
CITY-ST-ZIP	QUINCY, FL 32351
TITLE	D
NAME	THOMPSON, RICHARD L
STREET ADDRESS	137 WAYSIDE FARM RD.
CITY-ST-ZIP	HAVANA, FL 32333
TITLE	VC
NAME	ARNOLD, TONY A
STREET ADDRESS	28852 BLUE STAR MEM. HWY
CITY-ST-ZIP	HAVANA, FL 32333
TITLE	D
NAME	GROW, KATHLEEN
STREET ADDRESS	465 JOHN YAWN PLACE
CITY-ST-ZIP	HAVANA, FL 32333
TITLE	CST
NAME	LASLEY, MARION
STREET ADDRESS	5 DANTE COURT
CITY-ST-ZIP	QUINCY, FL 32351
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/12/06 80001 012 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marion E. Lasley MARION E. LASLEY 3/27/06 850-627-7030
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #